

Summary of County Social Services Plan Changes  
Sent to DHS on 1/3/2013

The following Counties have been added: Chickasaw, Fayette, Grundy, Worth, Winnebago, Hancock, Howard, Humboldt, Kossuth, Mitchell, Pocahontas, Tama, Webster and Wright.

1. Funding of the Adult Crisis Stabilization Center
2. Removal of funding Medicaid services by the county
3. Updated the mental health center sliding fee scale to current federal poverty levels
4. Other miscellaneous formatting changes

The following Resource Management language is new to the following counties, Tama, Grundy, Kossuth, Howard, Pocahontas, Humboldt, Winnebago, Worth, Hancock, Chickasaw, Webster, and Fayette. This language does not fix or cap services and thus is not more restrictive.

**Resource Management**

*Service Coordinators will ensure that individuals are receiving the optimal level/site of care for their assessed needs and that this is reimbursable under the Plan. Services for individuals with mental health needs must be medically necessary as defined by IAC 441-79.9(2).*

*The Resource Management Program will use evidence based assessment tools (i.e. SIS for DD, ID and LOCUS for CMI, BI) to assign individuals to one of six levels of care. Each level of care has a progressively intense array of service interventions to address individual behavioral health needs. (Appendix Level of Care Determination Grid)*

<i>The level of care determination does not fix or cap services entitled to an individual.</i>
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*The Service Coordinator will look at service plans, review level of functioning, social history and clinical assessment (psychological testing or psychiatric evaluation or History and Physical) and may also complete, or request that the Case Manager complete, an ICAP, LOCUS, or ASAM assessment tool.*

*If warranted the Service Coordinator may conduct a peer review with the assigned Medicaid Case Manager or Service Coordinator.*

*Service Coordinators will conduct resource management in a supportive manner to enhance the quality of care and build consensus. Objective tools and analysis will be included in the review. The Service Coordinator Reviewer and Case Manager must agree to any service changes. A qualified licensed professional will make the final determination if the parties to the review do not reach consensus.*

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Co. #	CSS Region Counties	Date Joined CSS	Public		Proof of Public Hearing and Plan Approval	More restrictive changes	Plan to Commission
			Hearing/Board Approval Date	Approval Date			
7	Black Hawk	Original: 1/1/2009	12/23/2008	Have not received	None		5/21/2009
12	Butler	Original: 1/1/2009	12/16/2008	Have not received	None		5/21/2009
17	Cerro Gordo	Original: 1/1/2009	12/22/2008	Have not received	None		5/21/2009
34	Floyd	Original: 1/1/2009	12/23/2008	Have not received	None		5/21/2009
66	Mitchell	Original: 1/1/2009	12/16/2008	Have not received	None		5/21/2009
99	Wright	7/1/2011	7/25/2011	Have not received	None		7/21/2011
86	Tama	2/1/2012	3/5/2012	Copy of Minutes	None		
38	Grunder	2/1/2012	3/5/2012	Copy of Minutes	None		
55	Kossuth	7/1/2012	6/3/2012	Copy of Minutes	None		
45	Howard	7/1/2012	6/4/2012	Copy of Minutes	None		
76	Pocahontas	7/1/2012	6/5/2012	Copy of Minutes	None		
46	Humboldt	7/1/2012	6/4/2012	Copy of Minutes	None		
95	Winnebago	7/1/2012	7/16/2012	Copy of Minutes	None		
98	Worth	7/1/2012	6/25/2012	Copy of Minutes	None		
41	Hancock	7/1/2012	6/25/2012	Copy of Minutes	None		
19	Chickasaw	7/1/2012	6/25/2012	Copy of Minutes	None		
94	Webster	8/1/2012	7/17/2012	Copy of Minutes	None		
33	Fayette	10/1/2012	10/22/2012	Copy of Minutes	None		

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**Attachment E: Level of Care Determination Grid**

Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Recovery Maintenance Health Management	Low Intensity Community Based Services	High Intensity Community Based Services	Medically Monitored Non- Residential Services	Medically Monitored Residential Services	Medically Managed Residential Services
Locus: 10-13	Locus: 14-16	Locus: 17-19	Locus: 20-22	Locus: 23-27	Locus: 28 or more
	ICAP: 80-90+	ICAP: 60-79	ICAP: 40-59	ICAP: 20-39	ICAP: 1-19
Universal Access	Service Coordination	Case Management	Assertive Community Treatment	Residential Care Facilities	Acute Inpatient Hospitalization
Education	Transportation	Supported Community Living (<24hrs per day)	Psychiatric Rehabilitation	Residential Care Facilities for Persistent Mental Illness	Nursing Facility for PMI
Consultation	Peer Support Services	Pre-vocational Day Habilitation	Partial Hospitalization	Supported Community Living 24 hr homes	Nursing Facility
Outpatient Psychological Services.	Supported Community Living (<3hrs week)	Day Program for CMI (skills training & skills development)			ICF/MR
Medication	Supported Employment	Respite Services			
Crisis Services	Payee Services	Adult Day Services			
Commitment Services	Home Health Aide Services Chore Services  Emergency Basic Needs Drop-In	Rent Subsidy  Personal Emergency Response Home Modification Family-Life Home			
	Community Support Programs				
The following are annualized monthly caps for the respective levels of care established each fiscal year:					
\$100 / mo	\$300 / mo	\$850 / mo	\$1,200 / mo	\$3,300 / mo	\$7,500 / mo